

STATEMENT OF COMPLAINT

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

In order for the Department of State, Division of Professional Regulation to initiate an investigation of possible violations of the licensing, registration or certification laws and regulations of the State of Delaware by a licensee, registrant or certificate holder, the complainant must complete all pages of this form. Complaints should be typewritten or clearly printed in black or blue ink. Please state the facts briefly, clearly and with specificity. Be sure to submit any documents you have to support your complaint. Sign this form and return it to the Division of Professional Regulation, Attn: Investigative Administrator, Cannon Building, Suite 203, Dover, Delaware 19904-2467.

****Indicates a field required by law in order to accept your complaint. Your complaint may be rejected if any portion of a required field is left blank. For more information on this requirement, see 29 Del. C., § 8807 (h). Complaints involving the Board of Medical Practice shall follow procedures established pursuant to 24 Del. C., §1732.**

PROFESSION OF PERSON ABOUT WHOM YOU ARE COMPLAINING: _____

TYPE(S) OF COMPLAINT:
☐
☐
☐

UNPROFESSIONAL CONDUCT
PRACTICING BEYOND SCOPE OF LICENSE
OTHER (PLEASE SPECIFY) _____

☐
☐

FRAUDULENT ACTIVITY
UNLICENSED ACTIVITY

A. YOUR INFORMATION**

LAST NAME			FIRST			MIDDLE INITIAL		
STREET ADDRESS								
CITY				STATE		ZIP CODE		
HOME PHONE				WORK PHONE				
EMAIL ADDRESS, IF ANY								

B. YOUR ATTORNEY, IF ANY

LAST NAME			FIRST			MIDDLE INITIAL		
FIRM ADDRESS								
CITY				STATE		ZIP CODE		
PHONE				FAX NUMBER				
EMAIL ADDRESS, IF ANY								

C. NAME/ADDRESS OF WITNESS, IF ANY

LAST NAME			FIRST			MIDDLE INITIAL		
STREET ADDRESS								
CITY				STATE		ZIP CODE		
HOME PHONE				WORK PHONE				
EMAIL ADDRESS, IF ANY								
If needed, is this witness willing to support your complaint by appearing at a hearing? YES _____ NO _____ UNKNOWN _____								

D. NAME/ADDRESS OF SECOND WITNESS, IF ANY

LAST NAME			FIRST			MIDDLE INITIAL		
FIRM ADDRESS								
CITY				STATE		ZIP CODE		
PHONE				FAX NUMBER				
EMAIL ADDRESS, IF ANY								
If needed, is this witness willing to support your complaint by appearing at a hearing? YES _____ NO _____ UNKNOWN _____								

NOTE: If additional witnesses are available, list names, addresses & other pertinent data in a manner similar to above on regular paper.

STATEMENT OF COMPLAINT

E. ARE YOU WILLING TO APPEAR AT A HEARING IF NECESSARY? ☐ YES ☐ NO

SUBJECT OF COMPLAINT INFORMATION

F. PERSON ABOUT WHOM YOU ARE COMPLAINING**

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)			
LICENSE/REGISTRATION/CERTIFICATE TYPE/NUMBER IF KNOWN			
PROFESSION OF LICENSEE/IF ANY			
EMAIL ADDRESS, IF ANY			

G. BUSINESS INVOLVED, IF ANY**

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)			
PROPRIETOR			
TYPE OF BUSINESS			
EMAIL ADDRESS, IF ANY			

H. DESCRIPTION OF COMPLAINT**

Please describe your complaint in detail below. List services provided by the licensee, registrant, certificate holder or individual. Attach copies of related documents and paperwork obtained during the course of the matter if possible. Include in your complaint the dates, times and locations where offenses are alleged to have occurred and the nature of your complaint. Outline where you feel the subject of your complaint has violated the laws, rules or regulations of their profession. You may wish to cite specific violations of the laws, rules and regulations that govern the professional whom is the subject of your complaint. If you need more space, please use additional sheets of paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STATEMENT OF COMPLAINT

H. CONTINUED FROM PAGE 2

[illegible]

I. SIGNATURE ** _____

DATE** _____

For more information on the complaint process or to view the laws, rules and regulations of a specific board or commission, please visit the Division of Professional Regulation's website at www.dpr.delaware.gov